

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
9		1				
10	1					
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43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	8					
TOTAL DEP.	42					
TOTAL CLAIMS	50					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						